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CONFIRMATION NO. 4329

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|---|---|---|---|---|--------------------------------|
| SERIAL NUMBER 10/533,504 | FILING OR 371(c) DATE 11/18/2005 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. B0192.70059US00 | |
| APPLICANTS Catherine Symonds, Salisbury, UNITED KINGDOM; Jonathan Berman, Stanmore, UNITED KINGDOM; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/GB03/04725 11/03/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0225676.6 11/04/2002 <i>[Signature]</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/18/2006 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials | | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWING 3 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 1 |
| ADDRESS 23628 | | | | | |
| TITLE Pharmaceutical composition comprising cannabinoids for the treatment of pain and sleep disorders | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |